

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARESTEPHANIE LYNN FORD

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT1. CHRISTIANA CARE V.
HEALTH SYSTEMS

Defendant(s)

2. MR. RICHARD BURTON3. MRS. CLARA CLARKCASE NUMBER: 06-301 (KAT)I, STEPHANIE L. FORD declare that I am the (check appropriate box)

Petitioner/Plaintiff/Movant



Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration _____

Inmate Identification Number (Required): _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

CHRISTIANA SCHOOL DISTRICT -
600 N. LOMBARD STREET WILMINGTON, DE 19801 (302) 552-2600

If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> NO |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

I receive DISABILITY PAYMENTS FOR MY DAUGHTER
\$457.00 PER MONTH UNTIL SHE REACHES THE AGE OF 18.

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DISTRICT OF DELAWARE
2006 MAY 25 AM 10:49

\$10 per
hour
(BI-WEEKLY)

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes" state the total amount \$ \$100.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☒ Yes ☐ No

If "Yes" describe the property and state its value.

RESIDENTIAL PROPERTY VALUED AT \$70,000

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

A. I. L. F. (DAUGHTER) DATE OF BIRTH 10/28/93.

I CONTRIBUTE ALL TO MY DAUGHTER SUPPORT.

I declare under penalty of perjury that the above information is true and correct.

5/25/06
DATE

Stephanie L. Ford
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.